

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Gray et al.

17A

Title: INFUSION DEVICE AND
DRIVING MECHANISM FOR
SAME

Appl. No.: 10/033,772

Filing Date: 10/27/2001

Examiner: Michael E. Hayes

Art Unit: 3763

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated October 24, 2003 concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 26 of this document.

Please amend the application as follows:

07/12/2005 LTHOMPS1 00000005 500872 10033772

01 FC:1202 162.00 DA
02 FC:1201 172.00 DA

-1-

015.617883.2

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10033722

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	
TOTAL CLAIMS	68		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	68 minus 20 =	48	
INDEPENDENT CLAIMS	9 minus 3 =	6	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT A	12-20-02 Etc.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	68	Minus	** 68 =
	Independent	*	9	Minus	*** 9 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT B	5-17-03 Etc.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	68	Minus	** 68 =
	Independent	*	9	Minus	*** 9 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT C	Amtd A 1-29-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	77	Minus	** 68 = 9
	Independent	*	11	Minus	*** 9 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	864
X84=	504
+280=	
TOTAL	

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	162
X84=	172
+280=	
TOTAL ADDIT. FEE	